SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

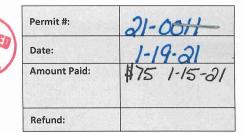
Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Address to send permit

APPLICATION FOR PERMIT



Bayfield Co. Zoning Dept.



Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

INSTRUCTIONS: No permits will be issued until all fees are paid.

DO NOT START CON					TO APPLICANT. Original	Application MUS	T be submitted	FILL	OUT IN INK (NO PEN	CIL)
TYPE OF PERMIT	REQUEST	ED-		LAND USE	SANITARY PRIVY	CONDITION	AL USE SPECIAL	USE	□ B.O.A. □	OTHE	
Owner's Name:					Mailing Address: 67225 Orlows	74847 715		Telepho 7/5 37	elephone: 5 372 5055		
Address of Property:					City/State/7in:						
67225 Or busk Pd					Fron River	w J 54	1847	Cell Phone 715 279		79 1001	
Contractor:					Contractor Phone:	Plumber:				Plumbe	r Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))					Agent Phone:	v/State/Zip): Written Authoriza Attached		zation d No			
PROJECT LOCATION	Legal Description: (Use Tax Statement)				Tax ID# /8	Recorded Document: (Showing Ownership) - 858 - 892					
1/4,		/4	Gov't Lot	Lot(s)		M Doc# Lo	t(s) # Block #	Subdiv			
Section 14	, Town	nship	17_ N, R	angeV	V Town of:	Barnes		Lot Siz	e e	Acre	6-8
Shoreland _	Creek	or Land	ward side o	of Floodplain?	er, Stream (incl. Intermittent) If yescontinue			feet	Is your Prope in Floodplai Zone?	- Δ	re Wetlands Present?
A Shoreland —	Is P	roperty/	Land within	n 1000 feet of La	ke, Pond or Flowage If yescontinue	feet Yes			□ Yes No		
☐ Non-Shoreland					ii yescontinue			icet	No		× 110
ivon-snoreiand				W. S. C.			1				20.7534
Value at Time of Completion									pe of	Type of	
* include		Project # of Stories			Project Foundation			Sanitary System(s) the property or			Water
donated time & material				# Of Stories	Foundation	property	A CONTRACTOR OF THE PARTY OF TH		property?		property
& Illaterial	□ New Construction □			☐ 1-Story	☐ Basement	□ 1	☐ Municipal/Cit	у			☐ City
	√Addit	ion/Alt	eration	☐ 1-Story +	☐ Foundation	□ 2	☐ (New) Sanitar	y Spe	cify Type:		₩well
\$	X Addit	Addition/Alteration Loft			N - 1 (7)			ha\ C	-: F . T		
500	☐ Conv	☐ Conversion ☐ 2-Story			□ Slab						
	☐ Reloc	☐ Relocate (existing bldg) ✓ Pec K			1 1 9 1			r 🗌 Vaulted (min 200 gallon)			
76.	☐ Run a	☐ Run a Business on			Use	ervice contract)					
	Prop	erty			Year Round		☐ Compost Toile	et			-
							None			-,%	
Proposed Cons					plied for) Length: Length:	6	Width: 10		Height Height	_	
Proposed I	Use	V			Proposed Struct	ure		ı	Dimensions		Square Footage
					st structure on property	/)		(X X)	
			Residenc		unting shack, etc.)	ing shack, etc.)					
Residentia	al Use		X	with Loft with a Porc	1	X)				
/				with (2 nd) P	(X)				
				with a Decl				(Х)	
	al Haa			with (2 nd) [Deck			(Х)	
☐ Commerci	iai USE			with Attacl	ned Garage	l jal		(Х) *	îs Ç
A.			Bunkhou	use w/ (□ sanita	ry, <u>or</u> \square sleeping quarte	rs, <u>or</u> 🗌 cooking 8	k food prep facilities)	(X)	
				Home (manufac	4 4 6	XIO onto		(X)	<i>N</i> =
□ A □ A □ S		Addition	/Alteration (ex	kplain) Adding 6	(6 x 10)	60			
		V.		ry Building (exp	(X)	<u> </u>			
			Accesso	ry Building Ad	(X)				
			Special I	Jse: (explain) _	(Х)				
					in)			(X)	
			Other: (explain)		1			X)	No.
(are) responsible for result of Bayfield Co property at any reas Owner(s):	the detail and ounty relying of onable time for ultiple Own	d accuracy of this information the purportion or the purportion of	any accompany of all informatio mation I (we) a cose of inspection on the Dee	ing information) has bin I (we) am (are) provi gn (are) providing in or n	Tor STARTING CONSTRUCTIOn the control of the contro	e best of my (our) know by Bayfield County in d nt to county officials ch ation must accomp	ledge and belief it is true, coretermining whether to issue a larged with administering course.	rect and of a permit. nty ordin	I (we) further accep	t liability wh	ich may be a
	(If v	ou are si	gning on bel	nalf of the owner(s	s) a letter of authorization m	nust accompany this	s application)		Attac	_	

below: Draw or Sketch your Property (regardless of what you are applying for) (1) **Show Location of: Proposed Construction**

Fill Out in Ink - NO PENCIL

(2) Show / Indicate: North (N) on Plot Plan

(6)

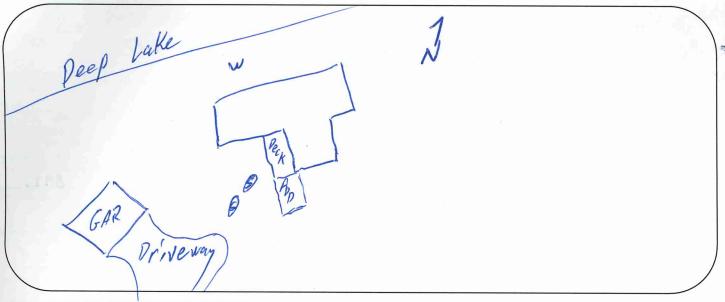
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)

(4) Show: All Existing Structures on your Property

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*):

Show any (*): (*) Wetlands; or (*) Slopes over 20% (7)



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements			Description	Setback Measurements	
Setback from the Centerline of Platted Road	2 00	Feet		Setback from the Lake (ordinary high-water mark)	90	Feet
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek		Feet
				Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	90	Feet	PAT			3.6
Setback from the South Lot Line	1400	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	100	Feet		20% Slope Area on the property	☐ Yes	□No
Setback from the East Lot Line	50	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank Footing	5	Feet		Setback to Well	50	Feet
Setback to Drain Field	70	Feet		T.		
Setback to Privy (Portable, Composting)		Feet				
Prior to the placement or construction of a structure within ten (10) feet	of the minimum require	ed setback, t	he b	oundary line from which the setback must be measured must be visible from on	e previously survey	ved corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 13-1385		# of bedrooms: 3	Sanitary Date: 11/19/13				
Permit Denied (Date):	Reason for Denial:							
Permit #: 21-60//	Permit Date:	9-21						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes (Fused/Contigu	ous Lot(s)) No	Mitigation Required Mitigation Attached	Yes No	Affidavit Required Affidavit Attached	Yes No			
Granted by Variance (B.O.A.) ☐ Yes No Case #: NA		Previously Granted by		e#: NA				
Was Parcel Legally Created Was Proposed Building Site Delineated WYes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	No No No				
to be Coda Complant.		SSUE LU	per appears Aerust.	Zoning District Lakes Classification	(KPI)			
Date of Inspection: 1/15/21	Inspected by:	dow't Sch	lurum	Date of Re-Inspec	tion:			
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.) Must Contact I. I DDC IN Spection as any and Secure								
UDC permit if r	equored!							
Signature of Inspector:				Date of Approx	val: 1/15/21			
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees:					

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - 13-138S
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

21-0011 Pooler Living Trust Issued To: No. Township Range 9 W. Town of **Hughes** Location: $\frac{1}{4}$ of -Section W 200' of E 300' in Gov't Lot Lot Block Subdivision CSM#

For: Residential Addition / Alteration: [1-Story; Deck Addition (6' x 10') = 60 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local UDC inspection agency and secure UDC permit if required.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

January 19, 2021

Date